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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	PHUS030147US
First Named Inventor	AMOR, William H.
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**MAGNETIC RESONANCE IMAGING SCANNER WITH MOLDED FIXED SHIMS**

*(Title of the Invention)*

the specification of which

is attached hereto

**OR**

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

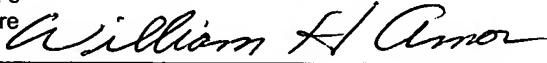
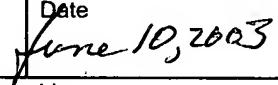
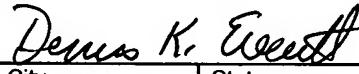
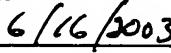
[Page 1 of 2]

This collection of information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number <input type="text"/> OR <input type="checkbox"/> Correspondence address below			
Name Thomas E. KOCHOVSKY, Jr., FAY, SHARPE, FAGAN, MINNICH & McKEE, LLP			
Address 1100 Superior Avenue Seventh Floor			
City Cleveland		State OH	ZIP 44114-2518
Country US		Telephone 216/861-5582	Fax 216/241-1666
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) William H.		Family Name or Surname AMOR	
Inventor's Signature 			Date 
Residence: City Chagrin Falls	State OH	Country US	Citizenship US
Mailing Address 9744 Whisperwood Circle			
City Chagrin Falls	State OH	ZIP 44023	Country US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Dennis K.		Family Name or Surname EVERETT	
Inventor's Signature 			Date 
Residence: City Seven Hills	State OH	Country US	Citizenship US
Mailing Address 7665 Quail Hollow			
City Seven Hills	State OH	ZIP 44131	Country US
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the TWO supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			



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**DECLARATION****ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
Page 1 of 2**Name of Additional Joint Inventor, if any:** A petition has been filed for this unsigned inventor

Jerome S.

ALDEN

Given Name

Family Name or Surname

Inventor's Signature

Date

6/13/2003

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US

US

Residence: City

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Country

Citizenship

406 Connor Court

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Robert G.

HENDERSON

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Family Name or Surname

Inventor's Signature

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Date

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Terrence M.

DOYLE

Given Name

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Inventor's Signature

Hudson

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US

Date

Residence: City

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Inventor's Signature Niskayuna Residence: City		Date US Country	
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Mailing Address Niskayuna City		NY State	12309 ZIP US Country
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Inventor's Signature Wickliffe Residence: City		Date JUNE 10, 2003 US Country	
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Mailing Address Wickliffe City		OH State	44092 ZIP US Country
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Terrence M. Given Name		DOYLE Family Name or Surname	
Inventor's Signature Hudson Residence: City		Date JUNE 10, 2003 US Country	
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Mailing Address Hudson City		OH State	44236 ZIP US Country

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Ronald B.		SHARPLESS	
Given Name		Family Name or Surname	
Inventor's Signature	<i>Ronald B. Sharpless</i>		Date <i>June 19, 2003</i>
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Mailing Address			
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City	State	ZIP	Country
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Inventor's Signature			Date
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Mailing Address			
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City		ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Gerardus N.		PEEREN	
Given Name		Family Name or Surname	
Inventor's Signature			Date
<i>BEST</i>			<i>NL</i>
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Ptr. M. Wolffstraat 36			
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Mailing Address			
Best	State	5683 EK	NL
City		ZIP	Country

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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Ronald B. Given Name		SHARPLESS Family Name or Surname	
Inventor's Signature Cleveland Residence: City		Date US Country Citizenship	
4500 Ammon Road Mailing Address			
Mailing Address Cleveland City      OH      ZIP      US State      Country			
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Gerardus B.J. Given Name		MULDER Family Name or Surname	
Inventor's Signature BEST Residence: City		Date 22- Sept- 2005 NL Country Citizenship	
P.O. Box 10,000 Mailing Address			
Mailing Address Best City      State      ZIP      NL Country			
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Gerardus N. Given Name		PEEREN Family Name or Surname	
Inventor's Signature BEST Residence: City		Date 22 Sep 2005 NL Country Citizenship	
Ptr. M. Wolffstraat 36 Mailing Address			
Mailing Address Best City      State      ZIP      NL Country			

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